

# Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

Amendment

☐ Yes

☐ No

<b>1. Committee Information</b>			
a. Full Name		c. ID Number	
Committee to Elect Shea Neville			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
3402 Winston Rd Durham, NC 27704		2/11/2010	
		e. Phone Number	
		824-6705	
<b>2. Candidate Information</b>		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Shea Neville		N/P	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
3402 Winston Rd Durham, NC 27704	School Board	4	
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
<b>3. Treasurer Information</b>		<b>4. Custodian of Books Information</b>	
a. Full Name	a. Full Name		
Shea Neville			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)		
3402 Winston Rd Durham, NC 27704			
c. Phone Number	d. Email Address	e. Phone Number	d. Email Address
919-824-6705	sheanville2406.com		
<b>5. Assistant Treasurer Information</b>		<b>6. Account Information</b>	
a. Full Name	b. Purpose	a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)	c. Account Code	d. Type	
c. Phone Number	d. Email Address		
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.			
Shea Neville		2/11/10	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	



North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

**FILED BY:**

Candidate Name:

Shea Neville

Treasurer Name:

Shea Neville

Treasurer Address:

3402 Winston Rd

(include city, state, & zip)

Durham, NC 27704

Treasurer Phone:

919-824-6205

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

2/11/2010  
Date Signed

[Signature]  
Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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### Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

#### FILED BY:

Committee Name:

Committee to elect Shea Neville

Treasurer Name:

Shea Neville

Treasurer Address:

3402 Winston Rd.

(include city, state, & zip)

Durham, NC 27704

Treasurer Phone:

919-834-6705

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

**THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.**

☐ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

2/1/10  
Date Signed

[Signature]  
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Shea Neville

Committee Name: Committee to elect Shea Neville

Treasurer Name: Shea Neville

If Candidate is own treasurer, designate an agent to carry out designations: Therese Perry

Committee ID #: \_\_\_\_\_

Level Registered: [State] (County) If county, specify: \_\_\_\_\_

I, Shea Neville, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>Give back to donors</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: [Signature]

Date: 2/1/10

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.